

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Assisted Living Federation of America

ADDRESS (number and street) ▼

1650 King Street

Suite 602

☐ Check if different than previously reported. (ACC)

Alexandria

VA

22314

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00338020

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☒ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
07 01 2015

through

M M M / D D D / Y Y Y Y Y Y
07 31 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms. Maribeth Bersani

Signature of Treasurer

Ms. Maribeth Bersani

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
12 10 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Assisted Living Federation of America

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y
07 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		595995.93
(b) Cash on Hand at Beginning of Reporting Period.....	504725.99	
(c) Total Receipts (from Line 19)	43917.39	96808.68
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	548643.38	692804.61
7. Total Disbursements (from Line 31)	874.92	145036.15
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	547768.46	547768.46
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Assisted Living Federation of America

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y
07	/	01	/	2015

To:

M M M	/	D D D	/	Y Y Y Y Y
07	/	31	/	2015

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

41217.39

86858.68

(ii) Unitemized

2700.00

4950.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

43917.39

91808.68

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

5000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

43917.39

96808.68

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

43917.39

96808.68

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

43917.39

96808.68

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	874.92	26946.15
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	874.92	26946.15
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	35000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	1090.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	1090.00
29. Other Disbursements	0.00	82000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	874.92	145036.15
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	874.92	145036.15

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	43917.39	96808.68
34. Total Contribution Refunds (from Line 28(d))	0.00	1090.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	43917.39	95718.68
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	874.92	26946.15
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	874.92	26946.15

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: F3XA
Transaction ID :

Amendment to correct missing receipt and refund transactions.

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 17

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Assisted Living Federation of America

Full Name (Last, First, Middle Initial)

A. Lori Muehlbauer

Mailing Address 3104 Chicken Coop Rd

City	State	Zip Code
Sequim	WA	98382-7631

FEC ID number of contributing
federal political committee.

C

Name of Employer

Silverado Senior Living

Occupation

Senior Director Quality Assurance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2015

Transaction ID : A3681B31546804B25B70

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Daizel GasperianMailing Address 6400 Oak Cyn
Ste 200

City	State	Zip Code
Irvine	CA	92618-5233

FEC ID number of contributing
federal political committee.

C

Name of Employer

Silverado-N/A

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	06	/	2015

Transaction ID : A392CE3FDC1D74343B5F

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mrs. Laura Printy

Mailing Address 34041 Callita Dr

City	State	Zip Code
Dana Point	CA	92629-2661

FEC ID number of contributing
federal political committee.

C

Name of Employer

Silverado-San Juan Capistrano

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	08	/	2015

Transaction ID : A89A94218420541158B4

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

1050.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Assisted Living Federation of America

Full Name (Last, First, Middle Initial)

A. James Balda

Mailing Address 1650 King St
Ste 602

City State Zip Code
Alexandria VA 22314-2747

FEC ID number of contributing
federal political committee.

C

Name of Employer

ALFA

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2608.68

Date of Receipt

07 / 09 / 2015

Transaction ID : AE5A5F49B4E53445DA38

Amount of Each Receipt this Period

217.39

Full Name (Last, First, Middle Initial)

B. Chad Borst

Mailing Address 4500 Dorr St

City State Zip Code
Toledo OH 43615-4040

FEC ID number of contributing
federal political committee.

C

Name of Employer

Health Care REIT, Inc.

Occupation

VP - Investments

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 10 / 2015

Transaction ID : A18EE2772746044BBA78

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Mr. Frank Russo

Mailing Address 28 Christopher St

City State Zip Code
Ladera Ranch CA 92694-1526

FEC ID number of contributing
federal political committee.

C

Name of Employer

Silverado Senior Living-N/A

Occupation

Vice President of Risk Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 17 / 2015

Transaction ID : A466BA2055D1146DB909

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

767.39

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Assisted Living Federation of America

Full Name (Last, First, Middle Initial)

A. Mr. Jeffrey S. Frum

Mailing Address 21492 Montbury Dr

City

Lake Forest

State

CA

Zip Code

92630-6551

FEC ID number of contributing
federal political committee.

C

Name of Employer

Silverado

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

07 / 20 / 2015

Transaction ID : A9FA390F2B47A48E29E0

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Ms. Dawn S. Usher

Mailing Address 6400 Oak Cyn
Ste 200

City

Irvine

State

CA

Zip Code

92618-5233

FEC ID number of contributing
federal political committee.

C

Name of Employer

Silverado-N/A

Occupation

Chief Administrative Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

07 / 21 / 2015

Transaction ID : AB559E050FFB24A29A96

Amount of Each Receipt this Period

3000.00

Full Name (Last, First, Middle Initial)

C. Mr. Jeffrey S. Frum

Mailing Address 21492 Montbury Dr

City

Lake Forest

State

CA

Zip Code

92630-6551

FEC ID number of contributing
federal political committee.

C

Name of Employer

Silverado

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

07 / 22 / 2015

Transaction ID : ABEFD08598C9642F9870

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4100.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 17
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Assisted Living Federation of America

Full Name (Last, First, Middle Initial)

A. Mr. Thomas H. Grape

Mailing Address 180 Highland St

City	State	Zip Code
Weston	MA	02493-1112

FEC ID number of contributing federal political committee.

C

Name of Employer

Benchmark Senior Living

Occupation

Chairman and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6000.00

Date of Receipt

07 / 24 / 2015

Transaction ID : A4A5426B6F78743CFA20

Amount of Each Receipt this Period

3000.00

See Refund on 8/3/15

Full Name (Last, First, Middle Initial)

B. Mr. Thomas H. Grape

Mailing Address 180 Highland St

City	State	Zip Code
Weston	MA	02493-1112

FEC ID number of contributing federal political committee.

C

Name of Employer

Benchmark Senior Living

Occupation

Chairman and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6000.00

Date of Receipt

07 / 24 / 2015

Transaction ID : AB06CAA8B2CC44FB7B58

Amount of Each Receipt this Period

3000.00

Full Name (Last, First, Middle Initial)

C. Mr. Steve Taylor

Mailing Address 6681 Crista Palma Dr

City	State	Zip Code
Huntington Beach	CA	92647-6665

FEC ID number of contributing federal political committee.

C

Name of Employer

Silverado Senior Living-Corporate Offi

Occupation

Vice President Purchasing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 28 / 2015

Transaction ID : A2E5C5A76C6104FCA8D7

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Assisted Living Federation of America

Full Name (Last, First, Middle Initial)

A. Mr. Joseph P. Weisenburger

Mailing Address 26178 Edinborough Cir

City

Perrysburg

State

OH

Zip Code

43551-9398

FEC ID number of contributing
federal political committee.

C

Name of Employer

Health Care REIT

Occupation

VP, Seniors Housing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3100.00

Date of Receipt

07 / 29 / 2015

Transaction ID : A1324237E4CC249519B8

Amount of Each Receipt this Period

3000.00

Full Name (Last, First, Middle Initial)

B. Crispin Carey

Mailing Address 8730 Oak Hollow Rd

City

Sylvania

State

OH

Zip Code

43560-8400

FEC ID number of contributing
federal political committee.

C

Name of Employer

Health Care REIT

Occupation

VP Investments

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 29 / 2015

Transaction ID : A909D070617194E5085C

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Daniel Rivas

Mailing Address 2463 Hempstead Rd

City

Ottawa Hills

State

OH

Zip Code

43606-2450

FEC ID number of contributing
federal political committee.

C

Name of Employer

Health Care REIT

Occupation

Director, Investments

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 29 / 2015

Transaction ID : AF89EA5C0973E485CB0F

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Assisted Living Federation of America

Full Name (Last, First, Middle Initial)

A. Christine Contardi Stone

Mailing Address 4400 Miner Rd

City State Zip Code
 Ottawa Hills OH 43615-2228

FEC ID number of contributing federal political committee.

C

Name of Employer

Health Care REIT

Occupation

SVP People & Performance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 29 2015

Transaction ID : AA3D71FE20C3E42F28E3

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. John Getchey

Mailing Address 4300 Turtle Creek Dr

City State Zip Code
 Perrysburg OH 43551-7525

FEC ID number of contributing federal political committee.

C

Name of Employer

Health Care REIT

Occupation

VP Senior Housing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 29 2015

Transaction ID : A395B825B97504179A60

Amount of Each Receipt this Period

3000.00

Full Name (Last, First, Middle Initial)

C. Michelle Kelly

Mailing Address 881 W Cornelia Ave
 Apt 2

City State Zip Code
 Chicago IL 60657-1712

FEC ID number of contributing federal political committee.

C

Name of Employer

Health Care REIT, Inc.

Occupation

Vice President-Relationship Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 29 2015

Transaction ID : AE34316ED03D3419E851

Amount of Each Receipt this Period

3000.00

SUBTOTAL of Receipts This Page (optional)..... ►

6500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Assisted Living Federation of America

Full Name (Last, First, Middle Initial)

A. Christian Sweetser

Mailing Address 3472 Brookside Rd

City State Zip Code
 Ottawa Hills OH 43606-2609

FEC ID number of contributing
federal political committee.

C

Name of Employer

Health Care REIT

Occupation

VP Finance Seniors Housing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 29 / 2015

Transaction ID : A802948018D974FCE9F8

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Tom DeRosa

Mailing Address 4500 Dorr St

City State Zip Code
 Toledo OH 43615-4040

FEC ID number of contributing
federal political committee.

C

Name of Employer

Health Care REIT

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 29 / 2015

Transaction ID : AFC2FDE45545345309EC

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

c. Mr. Christopher Simon

Mailing Address 7547 Wind River Dr

City State Zip Code
 Sylvania OH 43560-4319

FEC ID number of contributing
federal political committee.

C

Name of Employer

Health Care REIT Inc

Occupation

Senior Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 29 / 2015

Transaction ID : A3951D8679ABF4DC0BEB

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 17

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Assisted Living Federation of America

Full Name (Last, First, Middle Initial)

A. Michael Healy

Mailing Address 6200 Gyers Meadow Ln

City

Ann Arbor

State

MI

Zip Code

48108-7923

FEC ID number of contributing
federal political committee.

C

Name of Employer

Health Care REIT

Occupation

IT Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 29 / 2015

Transaction ID : A7150F9A808FE49F4B4A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jason Perry

Mailing Address 3622 Deer Creek Dr

City

Maumee

State

OH

Zip Code

43537-7902

FEC ID number of contributing
federal political committee.

C

Name of Employer

Health Care REIT

Occupation

VP - Investments

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 29 / 2015

Transaction ID : AC18620DE22774CA999C

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Mercedes Kerr

Mailing Address 2449 Grivel Pl

City

Tustin

State

CA

Zip Code

92782-1468

FEC ID number of contributing
federal political committee.

C

Name of Employer

Health Care REIT Inc

Occupation

SVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

07 / 29 / 2015

Transaction ID : A8334B996477347AB87C

Amount of Each Receipt this Period

3000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 17
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Assisted Living Federation of America

Full Name (Last, First, Middle Initial)

A. Justin Skiver

Mailing Address 2627 Barrington Dr

City	State	Zip Code
Toledo	OH	43606-3025

FEC ID number of contributing federal political committee.

C

Name of Employer

Health Care REIT

Occupation

VP, Investments

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
07 / 29 / 2015

Transaction ID : A88EE53BE08B4438D882

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Bryan Hickman

Mailing Address 3154 Darlington Rd

City	State	Zip Code
Toledo	OH	43606-3162

FEC ID number of contributing federal political committee.

C

Name of Employer

Health Care REIT, Inc.

Occupation

Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
07 / 29 / 2015

Transaction ID : AAB6896311AF74C8089E

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Scott Estes

Mailing Address 5026 W Dauber Dr

City	State	Zip Code
Ottawa Hills	OH	43615-2172

FEC ID number of contributing federal political committee.

C

Name of Employer

Health Care REIT, Inc.

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

MM / DD / YYYY
07 / 29 / 2015

Transaction ID : A38886AF8EEF24D33979

Amount of Each Receipt this Period

4000.00

SUBTOTAL of Receipts This Page (optional)..... ►

5000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 17
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Assisted Living Federation of America

Full Name (Last, First, Middle Initial)

A. Jeffrey Miller

Mailing Address 4500 Dorr St

City State Zip Code
Toledo OH 43615-4040

FEC ID number of contributing
federal political committee.

C

Name of Employer

Health Care REIT

Occupation

EVP Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 29 / 2015

Transaction ID : A55734939F5B444E8B12

Amount of Each Receipt this Period

3000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

3000.00

TOTAL This Period (last page this line number only)..... ►

41217.39

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 17

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Assisted Living Federation of America

Full Name (Last, First, Middle Initial)

A. SunTrust Bank

Mailing Address 1445 New York Ave NW

City Washington State DC Zip Code 20005-2134

Purpose of Disbursement
Credit Card Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 20 / 2015
Transaction ID : B69E5148A6FB040CDAC0

Amount of Each Disbursement this Period

162.42

Full Name (Last, First, Middle Initial)

B. Aristotle International

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
PAC Outsourcing Consulting Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 31 / 2015
Transaction ID : BADDE85B1E1EC43ADB8C

Amount of Each Disbursement this Period

712.50

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►

874.92

TOTAL This Period (last page this line number only)..... ►

874.92